## THE CITY OF WARWICK PUBLIC RECORDS REQUEST FORM RIGL 38-2-3 (d)

Name: (optional)			
Address: (optional)			
City:	State: _		_ Zip Code:
Phone: (optional)		E-mail address:	(optional)
Date:			_
Record(s) Requested:			
Time period request cove			
the office of the City Clerk department for response. charge a fee of .15 per pa structure which is prescrib research on the part of Ci the cost or retrieving reco first hour (1 hour) of resear the department determine	R. The Clerk's of Per section 38-age for copies of ped by state statisty personnel, the ords from storage arch, however, wes that the reque	fice will then forwant 2-4 of the Rhode public documents ute. Additionally, a City will charge as where the public will be provided at ested records are ested.	f Warwick is that this form be filed with ard the request to the appropriate Island General Laws, the City will s, unless such documents have a fee if the requested information requires a research fee of \$15.00 per hour and/or body is assessed a retrieval fee. The no charge. If after review of your request exempt from disclosure for a reason set ts right to claim such exemption.
(FOR CITY USE ONLY)	Request taken by:		
	Date:	Time	:
	Costs:	for copies	for search and retrieval